

VBS FAMILY REGISTRATION FORM

Grace Presbyterian Church
1515 W Charleston Blvd
702.384.4554

June 11 - 15, 2018
9:00 a.m. - 11:30 a.m.
Ages: 3 yrs. - 12 yrs.



Child's Name _____ DOB _____

Allergies? _____ Treatment _____

Child's Name _____ DOB _____

Allergies? _____ Treatment _____

Child's Name _____ DOB _____

Allergies? _____ Treatment _____

Child's Name _____ DOB _____

Allergies? _____ Treatment _____

Parent #1 _____ Mobile # _____

Email: _____

Parent #2 _____ Mobile # _____

Email: _____

(See reverse)

In Emergency, Parents are First to be Contacted, please list secondary contacts:

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

My child may be picked up from VBS by:

_____ Relation _____

_____ Relation _____

_____ Relation _____

Identification will be required.

_____ (initials) No information regarding a child's registration to VBS will be shared over the phone. Parents inquiring about their child's registration, please email: rhonda@gracepclv.org from your email listed on this registration.

_____ (initials) Photos and video clips are taken during VBS for art materials, church newsletter postings, church website and/or social media postings. No names or identifying information is included with the photos at any time.

_____ (initials) Parents are asked to walk into the church education building at drop-off and pick-up of your child. No children will be released without a parent.

_____ (initials) VBS is filled with music, art, games, science, service projects, and snacks please have children wear strap sandals or tennis shoes for safe play.

Parent Signature

Date

